Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Marijuana Establishment
Form MJ-17c: License Transfer Application

What is this form?

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.

Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.

Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

Licensee:	Broken Dirt, LLC	**License Number:**	11638		
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Co.				
Premises Address:	9900 Old Seward Highway, #4				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99515
Email:	will@catalystcannabisco.com				
Local Government:	Municipality of Anchorage				

☐ Regular ownership transfer ☑ Transfer of controlling interest in the licensed entity

Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed.

Licensee:	Broken Dirt, LLC	**Alaska Entity #**	10034020		
Mailing Address:	6967 Laser Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99504
Business License #:	1032027	**Business Phone:**	907-205-1181		

Designated Licensee:	William Schneider
Contact Phone:	907-205-1181
Contact Email:	will@catalystcannabisco.com

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Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, complete the following for each ***officer or owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, complete the following for each ***member holding any ownership interest***.
- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

Entity Official Name:	Andre Stoiber				
Title(s):	Member	**Phone:**	907-317-3779	**% Owned:**	3.183
Email:	dre1268@yahoo.com				
Mailing Address:	8120 Harvest Circle				
City:	Anchorage	**State:**	AK	**ZIP:**	99502

Entity Official Name:	Babette Miller				
Title(s):	Member	**Phone:**	907-359-4626	**% Owned:**	16.785
Email:	ramanch@msn.com				
Mailing Address:	401 Egavik Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Entity Official Name:	Chad Reed				
Title(s):	Member	**Phone:**	907-720-1106	**% Owned:**	5.044
Email:	alaskan.reed907@gmail.com				
Mailing Address:	2221 Muldoon Road, #589				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Entity Official Name:	Larry Greenstein				
Title(s):	Member	**Phone:**	907-243-3667	**% Owned:**	9.017
Email:	lgreenstein@hilcorp.com				
Mailing Address:	3709 W. 63rd Avenue				
City:	Anchorage	**State:**	AK	**ZIP:**	99502

Entity Official Name:	William Schneider				
Title(s):	Member-Manager	**Phone:**	907-205-1181	**% Owned:**	24.913
Email:	will@catalystcannabisco.com				
Mailing Address:	6967 Laser Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

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- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

Entity Official Name:	Joe Edward Kaiser				
Title(s):	Member	**Phone:**	907-952-8897	**% Owned:**	13.552
Email:	joe.e.kaiser@gmail.com				
Mailing Address:	950 Bounty Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99515

Entity Official Name:	John Connolly				
Title(s):	Member	**Phone:**	907-382-7998	**% Owned:**	4.444
Email:	connollynorth@gmail.com				
Mailing Address:	12115 Heritage Circle				
City:	Anchorage	**State:**	AK	**ZIP:**	99516

Entity Official Name:	Kathleen Lawrence				
Title(s):	Member	**Phone:**	907-231-2528	**% Owned:**	1.046
Email:	rs@ak.net				
Mailing Address:	7638 Camino Pl., Unit 1				
City:	Anchorage	**State:**	AK	**ZIP:**	99507

Entity Official Name:	Mark Ha				
Title(s):	Member	**Phone:**	907-632-7366	**% Owned:**	9.652
Email:	ha.mark@gmail.com				
Mailing Address:	5001 Eagle Street				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Entity Official Name:	Keith Lopez				
Title(s):	Member	**Phone:**	907-903-5432	**% Owned:**	9.181
Email:	klopez5360@yahoo.com				
Mailing Address:	6800 MacBeth Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99516

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This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, complete the following for each ***officer or owner of any of the corporation's stock***.
- If the applicant is a limited liability company, complete the following for each ***member holding any ownership interest***.
- If the applicant is a partnership or limited partnership, complete the following for each ***partner holding any interest***.

Entity Official Name:	Samuel Miller				
Title(s):	Member	**Phone:**	907-632-1497	**% Owned:**	3.183
Email:	sammiller012@gmail.com				
Mailing Address:	171 Shelly Marie Circle				
City:	Anchorage	**State:**	AK	**ZIP:**	99515

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

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Section 4 – Other Licenses

Ownership and financial interest in other marijuana establishments:

	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other marijuana establishment that is licensed in Alaska?	✓	

If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):

All listed individuals on this form (Andre Stoiber, Babette Miller, Chad Reed, Larry Greenstein, Joe Kaiser, John Connolly, Kathleen Lawrence, Mark Ha, Keith Lopez, Samuel Miller and William Schneider) have a financial interest in License #10284 (Standard Cultivation), #11638 (Retail Store), and #12882 (Retail Store).

Section 5 – Authorization

Communication with AMCO staff:

	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	✓	

If "Yes", disclose the name of the individual and the reason for this authorization:

Jason Brandeis, attorney for Broken Dirt, LLC

Section 6 – Transferee Certifications

Read the line below, and then sign your initials in the box to the right of the statement:

	Initials
I certify that all proposed licensees (as defined in 3 AAC 306.020) and affiliates have been listed on this application.	[illegible]
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	[illegible]
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.	[illegible]
I agree to provide all information required by the Marijuana Control Board in support of this application.	[illegible]

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

William Schneider, on behalf of Broken Dirt, LLC

Printed name of transferee

CINDY CHEEK NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 8/8/18

Cindy Cheek

Notary Public in and for the State of Alaska.

My commission expires: 08/08/2018

Subscribed and sworn to before me this 2nd day of APRIL, 2018.

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Section 7 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

William Schneider, on behalf of Broken Dirt, LLC

Printed name of transferor

CINDY CHEELY NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 8/8/18

Notary Public in and for the State of Alaska.

My commission expires: 08/08/2018

Subscribed and sworn to before me this 2nd day of APRIL, 2018.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Received by AMCO 4.6.18